

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	71531	2-12-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	10 12-1-00	
FORMALITY REVIEW	<i>[Signature]</i>	71531	2-12-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/2/01
2	3/2/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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